

In brief

Belgium bans cluster bombs:

Belgian legislators outlawed cluster munitions last week. Campaigners had argued that their indiscriminate character put the bombs in the same category as antipersonnel mines. Research from Iraq shows that 90% of casualties injured by this type of bomb were civilians, says the charity Handicap International.

EC proposes mercury ban in monitoring devices:

The European Commission has recommended a European Union-wide ban on the use of mercury in new barometers, manometers, sphygmomanometers, blood pressure gauges, and fever and room thermometers. By reducing industrial demand for mercury, the commission predicts a substantial drop in emissions.

Intensive care staff need to clean hands several hours a day:

An observational study of a UK intensive care unit showed that each patient had direct contact with a staff member an average of 159 times and indirect contact 191 times a day. Staff cleaned their hands after 43% of direct contacts and 12% of indirect contacts with patients; 100% hand hygiene compliance would require about 230 minutes a patient a day (*Journal of Hospital Infection* 2006;62:304-10).

Health care of asylum seeker was not adequate: The deportation from the Netherlands of an asylum seeker suffering from schizophrenia, who subsequently committed suicide, was not carried out properly, according to the Dutch Health Care Inspectorate (*BMJ* 2005;331:1163). It has concluded that the transfer of Andrej Donorov's medical details was inadequate.

French court drops assisted suicide charges: A French court dropped all charges this week against the doctor and mother who assisted in the suicide of the patient Vincent Humbert, aged 22, who became blind, mute, and quadriplegic after a traffic accident (*BMJ* 2003;327:1068, 8 Nov). The court, in Lille, cited as reasons for their decision the known wishes of Mr Humbert himself and the media attention.

BMA says referral schemes are used to restrict access to hospitals

Rebecca Coombes London

Referral management schemes are being used to ration treatment and delay access to secondary care, the BMA warned this week. The schemes are set up by primary care trusts to vet individual GPs' decisions to refer a patient for hospital treatment.

In extreme cases, trusts are using clerks to judge whether a GP is appropriately referring a patient. In other cases, the schemes are being used as holding centres, to impose a delay on making referrals, the BMA has claimed.

The schemes, which have been set up in an ad hoc manner throughout the country by trusts, were causing "considerable concern," said Hamish Meldrum, the chairman of the BMA's General Practitioners Committee.

"What is the prime purpose of these schemes? If they are to improve the quality of referrals between primary and secondary care then fine. But if it is to delay treatment or ration care then it's not fine," he said.

The schemes have been set up independently from the government, and no national model shows how they can best be



JOHN BIEBER

Dr Hamish Meldrum: "In some areas it is almost Hobson's choice"

developed. "Models vary across the country, but diverting GP to consultant referrals to a referral management centre seems to be increasingly common. In some areas of the country they are essentially mismanagement schemes, where the primary concern is to delay treatment to balance the books and ride

roughshod over patient choice. As more and more trusts feel the financial pinch they are jumping on the bandwagon."

A survey of BMA members produced a "mixed picture." Where local clinicians had been consulted, things were working well, Dr Meldrum said. "We are not against the schemes in principle—we know doctors can become better educated to use secondary care more effectively. We are not against audit of referral patterns and trying to improve them."

Dr Meldrum has had personal experience of some of the flaws of the centres: "I referred a patient who had had eye problems. About four weeks later I was faxed my letter back from the referral centre with a note scribbled on it telling me to 'refer to consultant.'" He said that it amounted to a four week delay in making the referral.

The BMA said that such practice flew in the face of the government's patient choice agenda. "In some areas it is almost Hobson's choice because all the doctor can do is send the referral to the referral management centre," said Dr Meldrum. □

Referral Management: Frequently Asked Questions is available at [www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFrefmanfaqsjan06/\\$FILE/referrmanagejan06.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFrefmanfaqsjan06/$FILE/referrmanagejan06.pdf).

NICE advocates computerised CBT

Susan Mayor London

The National Institute for Health and Clinical Excellence (NICE) has recommended two computerised packages for cognitive behaviour therapy for use by the NHS in England and Wales in guidance published last week.

The guidance updated previous recommendations from 2002, in which the use of this therapy was not recommended. The latest guidance recommends two computerised packages—Beating the Blues (Ultrasis, London) for the management of mild and moderate depression and FearFighter (ST Solutions, Stourbridge) for the management of panic and phobia, on

the basis of new evidence of effectiveness.

Cognitive behaviour therapy is a psychotherapy based on the idea that people's beliefs about themselves and the world affect how they feel and their behaviour. It aims to use cognitive and behavioural methods to change the way people think, to change their behaviour and emotional reactions.

In comparison with other psychotherapies, cognitive behaviour therapy is brief, highly structured, problem oriented and prescriptive, and patients are active collaborators. Computerised cognitive behaviour therapy delivers the treatment via an interactive computer interface.

NICE's appraisal found evidence that some people prefer "talking therapies," involving face to face contact with the therapist rather than drug treatment. But NICE found that access to counselling and psy-

chotherapy services was restricted by the high level of demand and the limited availability of therapists, especially in some geographical areas.

NICE heard evidence from experts that computerised packages could be considered as safe as treatment delivered by other methods because the information and guidance delivered were similar. The appraisal committee noted, however, that computerised treatment would not necessarily be the best delivery method for all patients and was not appropriate for the management of severe depression.

After reviewing evidence on five packages, NICE recommended the use of two on the grounds of clinical and cost effectiveness. □

Depression and Anxiety: Computerised Cognitive Behavioural Therapy (No 97) is available at www.nice.org.uk.